

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for

Kentucky Group Health Insurance
Board Members

April 2009

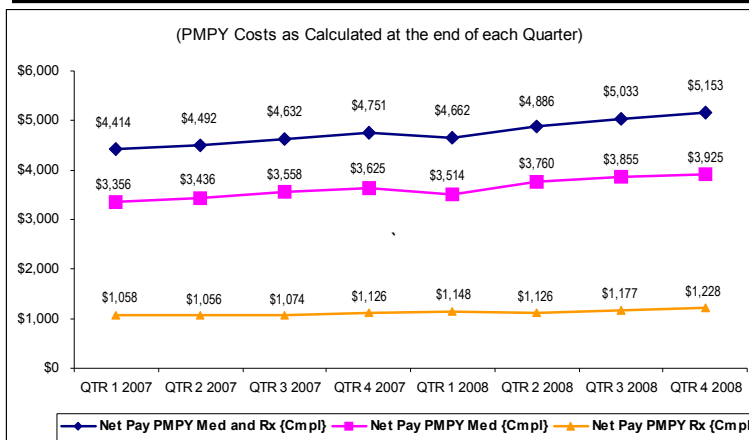
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not yet Reported Claims (IBNR or CMPL)

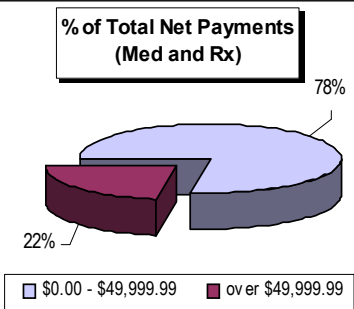
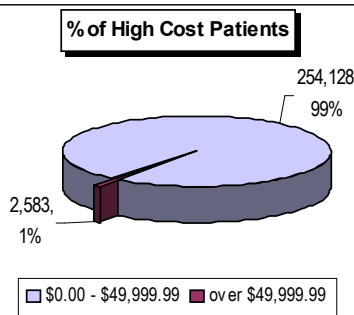
Enrollment

Fact	Dec 2007 - Nov 2008	Dec 2006 - Nov 2007	% Change
Employees Avg Med	154,271	150,319	2.60%
Members Avg Med	251,728	243,763	3.30%
Family Size Avg	1.6	1.6	0.60%
Member Age Avg	35.9	36.7	-2.30%

Net Incurred Claims Cost Per Member



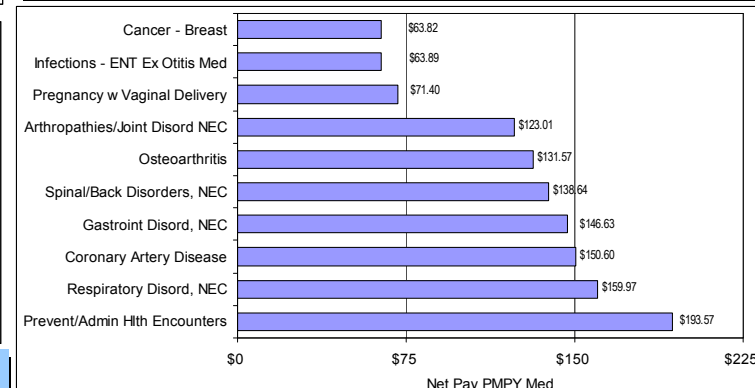
High Cost Claimants December 07 - November 08



Prescription Drug Programs

	Fact	Dec 2006 - Nov 2007	Dec 2007 - Nov 2008	% Change
Mail Order	Discount Off AWP % Rx	36.46%	39.61%	8.66%
	Scripts Generic Efficiency Rx	91.13%	90.88%	-0.28%
Retail	Discount Off AWP % Rx	37.12%	39.43%	6.23%
	Scripts Generic Efficiency Rx	94.02%	93.59%	-0.46%
Total	Discount Off AWP % Rx	37.02%	39.46%	6.59%
	Scripts Generic Efficiency Rx	93.87%	93.45%	-0.45%
	Scripts Maint Rx % Mail Order	7.40%	7.46%	0.89%

Top 10 Clinical Conditions



Allowed Claims Costs PMPY with Norms

	Dec 2006 - Nov 2007	Dec 2007 - Nov 2008	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$3,889.82	\$4,141.68	6%	\$3,599.74	13.09%
Allow Amt PMPY IP Acute {Cmpl}	\$1,081.87	\$1,146.88	6%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,796.95	\$2,984.89	7%	\$2,434.38	18.44%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,295.44	\$1,443.76	11%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$969.48	\$1,014.34	5%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$242.36	\$257.79	6%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$481.58	\$521.39	8%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$334.18	\$346.36	4%	\$648.12	-87.12%
Allow Amt PMPY Rx {Cmpl}	\$1,287.60	\$1,359.86	6%	\$997.90	26.62%
Out of Pocket PMPY Rx {Cmpl}	\$210.54	\$193.45	-8%	\$0.00	N/A

Cost Drivers Support

Fact	Dec 2006 - Nov 2007	Dec 2007 - Nov 2008	% Change
Allow Amt Per Day Adm Acute	\$2,997.86	\$3,249.60	8.40%
Days Per 1000 Adm Acute	350.30	342.10	-2.34%
Allow Amt Per Visit OP Fac Med	\$723.13	\$786.84	8.81%
Visits Per 1000 OP Fac Med	1,791.42	1,819.35	1.56%
Allow Amt Per Visit Office Med	\$113.00	\$115.78	2.46%
Visits Per 1000 Office Med	8,578.74	8,675.70	1.13%
Allow Amt Per Day Supply Rx	\$2.23	\$2.33	4.56%
Days Supply PMPY Rx	577.36	583.13	1.00%

Cost Drivers—Utilization and Price Trends

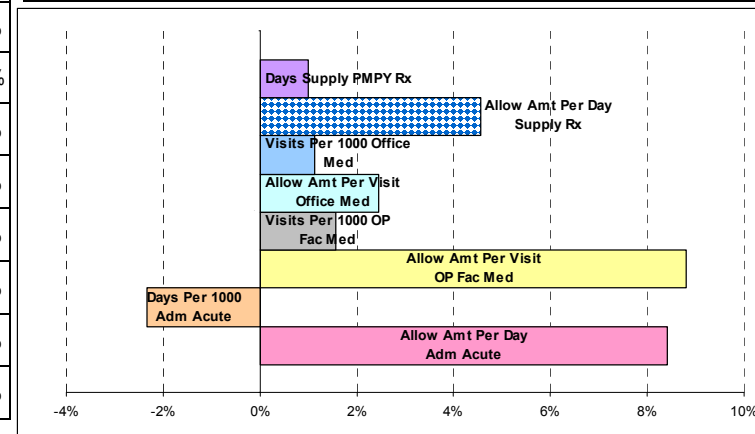


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

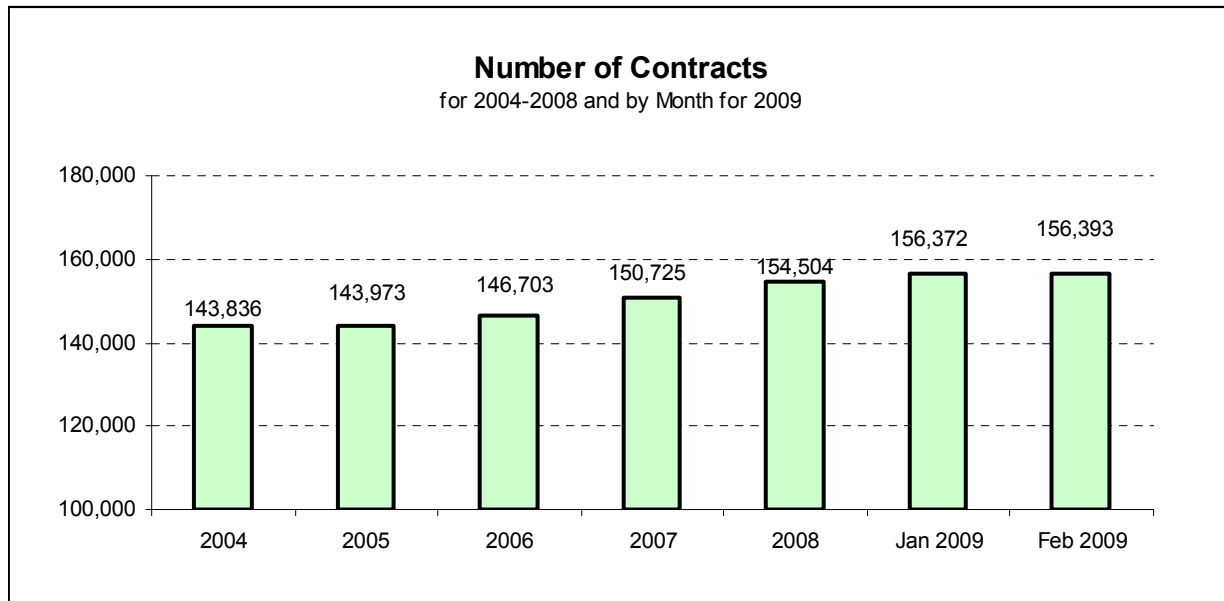
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of **258,809** members as well as **7,973,124** claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

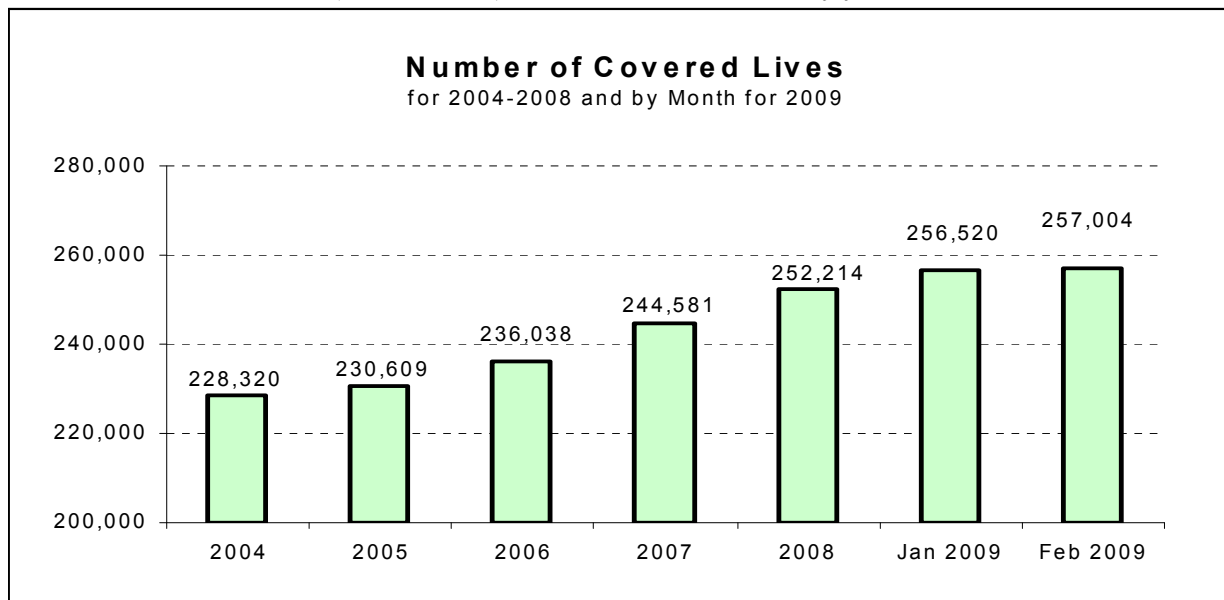
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart show planholder enrollment (contracts) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis. (Approximately 7,500 cross-referenced spouses in any given month are not included)

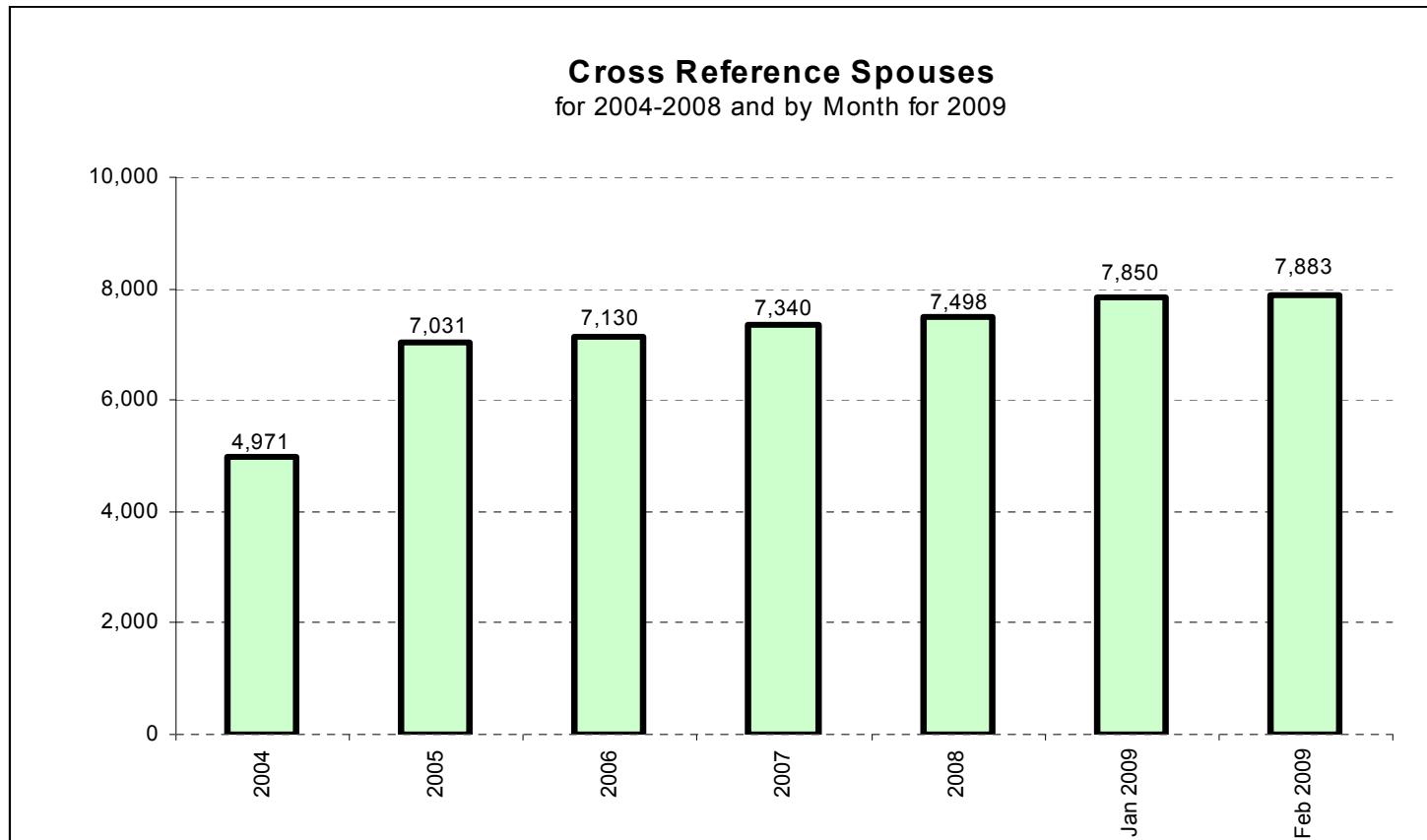


The following chart show member enrollment (covered lives) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis.



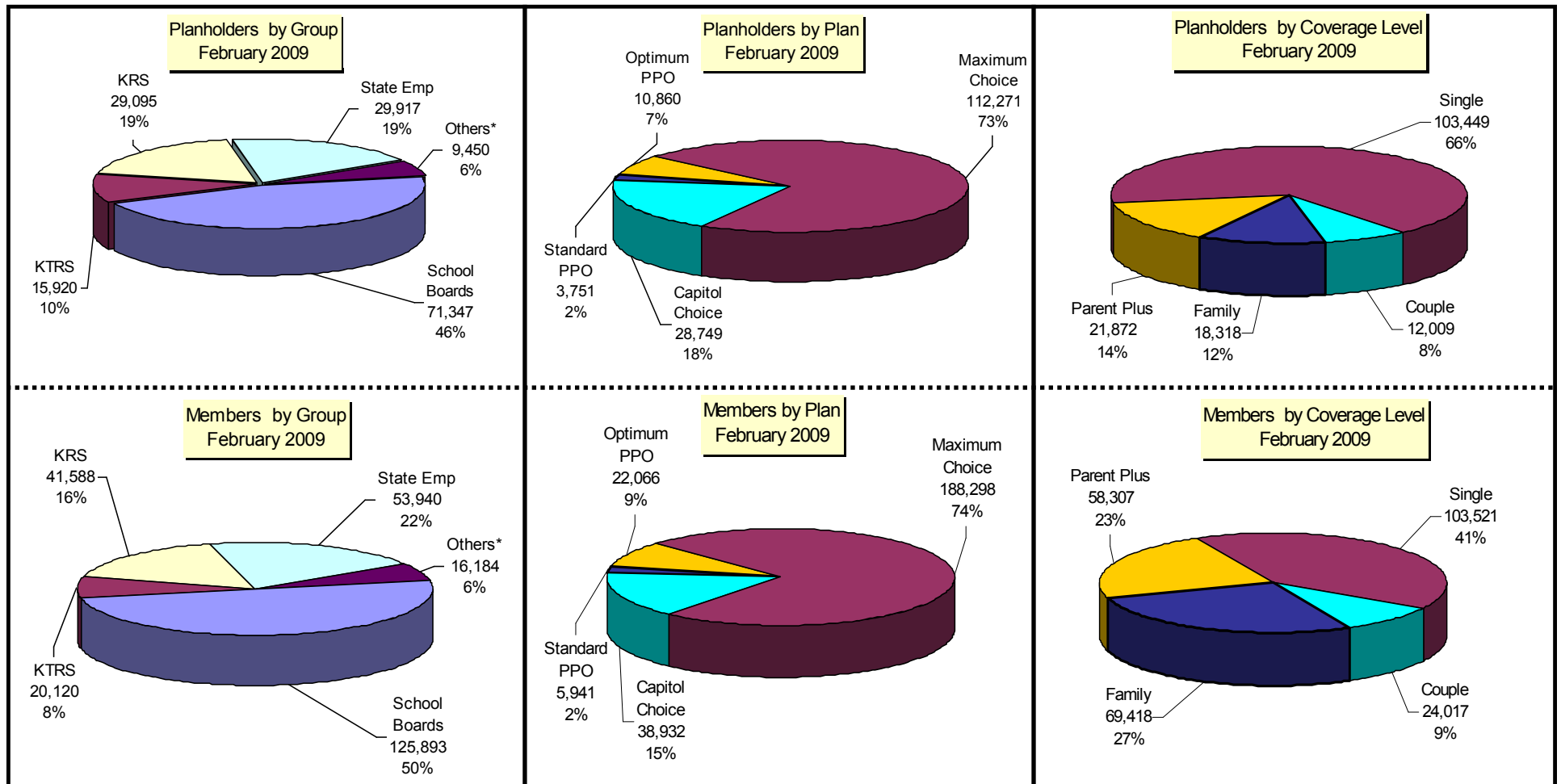
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2008 and monthly year-to-date for 2009. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

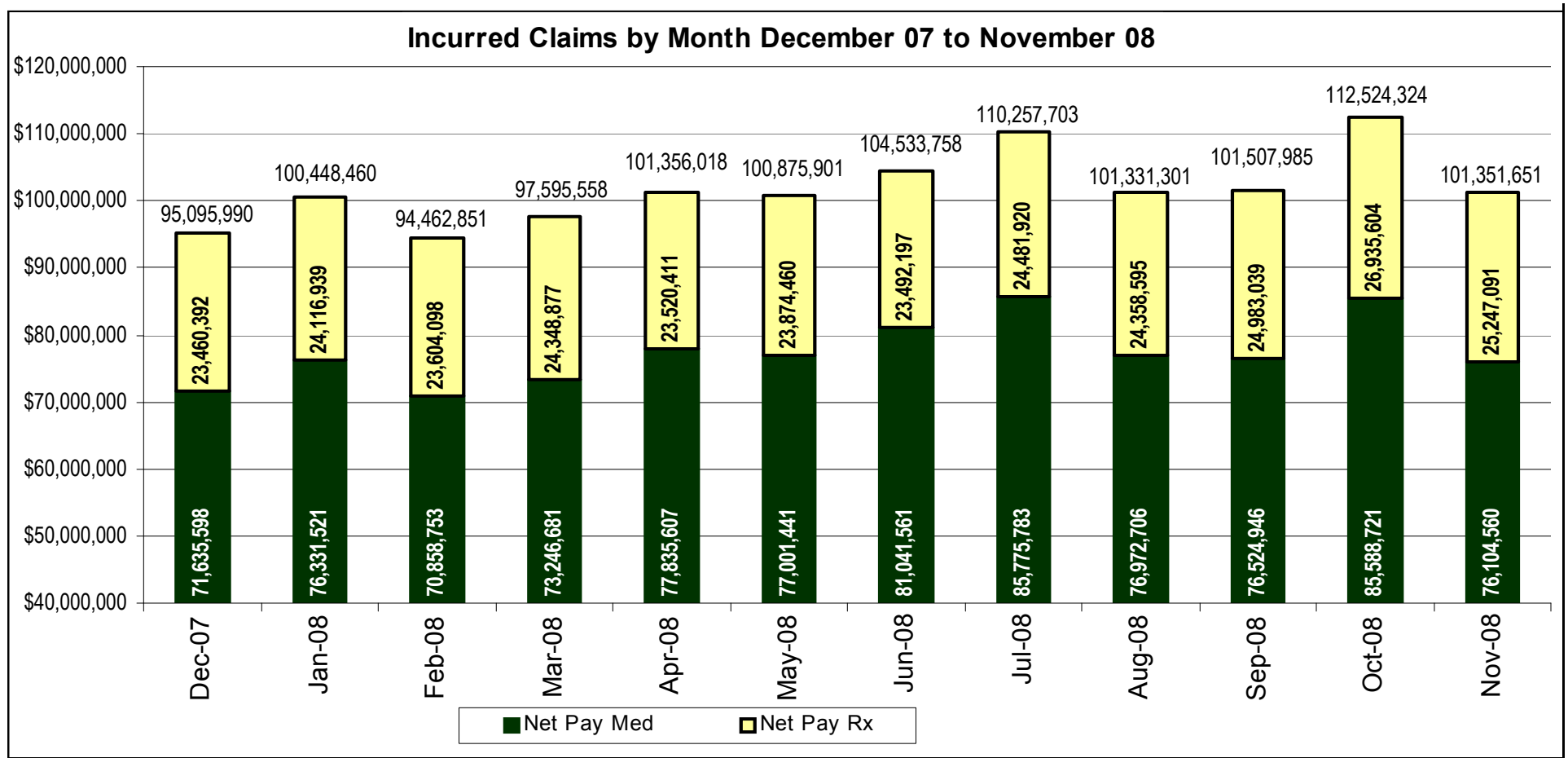
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent **incurred** claims by **Group** for 2004 - 2007 and monthly year-to-date for 2008.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$246,147,555	\$70,821,610	\$105,467,391	\$123,091,625	\$44,876,807	\$590,404,988
2005	\$258,583,635	\$80,446,325	\$122,103,230	\$127,041,805	\$47,167,061	\$635,349,934
2006	\$307,418,964	\$93,874,843	\$146,916,843	\$151,144,567	\$52,614,924	\$752,002,855
2007	\$363,771,477	\$104,924,032	\$170,059,514	\$160,842,736	\$59,356,534	\$858,991,610
Jan-08	\$31,437,758	\$9,669,013	\$16,237,487	\$13,949,082	\$5,221,600	\$76,525,365
Feb-08	\$30,004,541	\$8,671,235	\$14,180,930	\$12,873,147	\$5,413,737	\$71,148,354
Mar-08	\$31,259,767	\$8,200,833	\$15,082,184	\$13,602,359	\$5,310,725	\$73,458,171
Apr-08	\$32,424,697	\$8,787,986	\$16,027,313	\$15,019,978	\$5,822,683	\$78,113,743
May-08	\$31,687,338	\$8,741,058	\$15,216,823	\$15,473,663	\$6,318,845	\$77,442,365
Jun-08	\$37,616,212	\$8,475,608	\$15,175,434	\$14,417,823	\$5,851,262	\$81,543,811
Jul-08	\$39,306,497	\$9,549,457	\$16,584,996	\$15,136,803	\$5,600,592	\$86,180,194
Aug-08	\$30,649,136	\$9,058,536	\$16,180,168	\$15,811,466	\$5,851,664	\$77,556,222
Sep-08	\$29,523,791	\$8,776,342	\$17,533,885	\$15,437,135	\$5,244,251	\$76,524,946
Oct-08	\$35,358,555	\$10,319,832	\$18,054,472	\$16,016,281	\$5,831,095	\$85,588,721
Nov-08	\$31,864,410	\$9,368,200	\$16,072,146	\$14,260,946	\$4,523,322	\$76,104,560

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,884	\$35,017,335	\$53,095,577	\$42,857,791	\$14,469,965	\$238,117,553
2007	\$102,831,142	\$37,887,967	\$61,596,353	\$46,081,324	\$16,116,152	\$264,512,938
Jan-08	\$9,304,806	\$3,428,960	\$5,805,078	\$4,162,384	\$1,471,005	\$24,172,232
Feb-08	\$9,241,930	\$3,281,606	\$5,504,003	\$4,200,578	\$1,418,359	\$23,646,476
Mar-08	\$9,569,300	\$3,366,026	\$5,708,468	\$4,282,979	\$1,476,137	\$24,402,910
Apr-08	\$9,031,614	\$3,290,194	\$5,663,371	\$4,141,824	\$1,441,033	\$23,568,035
May-08	\$9,252,941	\$3,254,404	\$5,600,599	\$4,270,067	\$1,595,085	\$23,973,096
Jun-08	\$9,166,025	\$3,267,590	\$5,613,548	\$4,092,985	\$1,399,146	\$23,539,294
Jul-08	\$9,317,162	\$3,510,893	\$6,064,023	\$4,190,585	\$1,449,065	\$24,531,726
Aug-08	\$9,037,701	\$3,564,878	\$6,055,924	\$4,253,753	\$1,494,804	\$24,407,060
Sep-08	\$9,408,385	\$3,640,720	\$6,261,213	\$4,231,607	\$1,441,114	\$24,983,039
Oct-08	\$10,105,846	\$3,887,577	\$6,744,030	\$4,553,228	\$1,644,922	\$26,935,604
Nov-08	\$9,780,972	\$3,576,218	\$6,228,370	\$4,206,002	\$1,455,528	\$25,247,091

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent **incurred** claims by **Plan** for 2004-2007 and monthly year-to-date for 2008.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$252,667	\$96,285	\$420,830	\$0	\$212,909,645	\$40,885,382	\$325,224,613	\$5,524,470	\$5,091,095	\$590,404,987
2005	\$192,708,546	\$4,853,161	\$337,406,093	\$870	\$0	\$0	\$486	\$0	\$2,333,416	\$537,302,571
2006	\$288,136,893	\$5,396,833	\$450,317,481	\$2,662	\$0	\$0	\$0	\$0	\$3,972,343	\$747,826,212
2007	\$339,013,309	\$5,062,112	\$499,809,180	\$7,187,467	\$0	\$0	\$0	\$0	\$3,586,336	\$854,658,403
Jan-08	\$28,299,549	\$244,786	\$47,029,570	\$575,232	\$0	\$0	\$0	\$0	\$175,127	\$76,324,264
Feb-08	\$28,028,892	\$241,753	\$41,476,803	\$858,492	\$0	\$0	\$0	\$0	\$250,937	\$70,856,878
Mar-08	\$28,623,951	\$449,442	\$43,219,502	\$805,509	\$0	\$0	\$0	\$0	\$134,609	\$73,233,012
Apr-08	\$31,298,929	\$391,508	\$45,060,649	\$816,241	\$0	\$0	\$0	\$0	\$256,951	\$77,824,278
May-08	\$29,643,089	\$530,879	\$45,778,314	\$685,138	\$0	\$0	\$0	\$0	\$358,490	\$76,995,910
Jun-08	\$32,394,083	\$508,499	\$46,292,972	\$1,334,808	\$0	\$0	\$0	\$0	\$501,487	\$81,031,849
Jul-08	\$34,425,740	\$539,831	\$49,312,217	\$1,053,407	\$0	\$0	\$0	\$0	\$427,350	\$85,758,544
Aug-08	\$31,011,862	\$433,698	\$44,091,351	\$966,671	\$0	\$0	\$0	\$0	\$443,170	\$76,946,752
Sep-08	\$30,287,757	\$553,025	\$44,501,719	\$903,087	\$0	\$0	\$0	\$0	\$219,666	\$76,465,254
Oct-08	\$34,742,123	\$577,043	\$48,557,084	\$1,171,281	\$0	\$0	\$0	\$0	\$302,876	\$85,350,407
Nov-08	\$30,832,586	\$397,363	\$43,097,207	\$1,334,066	\$0	\$0	\$0	\$0	\$187,231	\$75,848,453

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Commonwealth				Old HMO Products	Old POS Products	Old PPO Products	Old EPO Products	Missing*	Total
	Enhanced	Essential	Premiere	Select						
2004	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$12,237	\$3,874	\$21,588	\$496	\$549,273	\$182,825,330
2005	\$86,176,488	\$1,164,651	\$148,805,657	\$185	\$0	\$0	\$0	\$0	\$977,662	\$237,124,643
2006	\$98,802,452	\$967,665	\$162,089,871	\$1,412,316	\$0	\$0	\$0	\$0	\$547,676	\$263,819,981
2007	\$9,146,824	\$74,545	\$14,818,659	\$26,926	\$0	\$0	\$0	\$0	\$49,573	\$24,116,528
Jan-08	\$9,058,154	\$80,160	\$14,376,523	\$49,868	\$0	\$0	\$0	\$0	\$39,270	\$23,603,975
Feb-08	\$9,361,014	\$78,142	\$14,777,637	\$82,711	\$0	\$0	\$0	\$0	\$49,298	\$24,348,803
Mar-08	\$8,992,143	\$78,750	\$14,269,762	\$136,411	\$0	\$0	\$0	\$0	\$43,235	\$23,520,301
Apr-08	\$9,134,804	\$73,834	\$14,484,451	\$136,566	\$0	\$0	\$0	\$0	\$44,466	\$23,874,119
May-08	\$8,903,689	\$72,192	\$14,327,942	\$145,744	\$0	\$0	\$0	\$0	\$42,586	\$23,492,152
Jun-08	\$9,292,255	\$79,263	\$14,880,142	\$175,776	\$0	\$0	\$0	\$0	\$53,843	\$24,481,279
Jul-08	\$9,319,760	\$79,792	\$14,731,128	\$180,740	\$0	\$0	\$0	\$0	\$46,119	\$24,357,539
Aug-08	\$9,559,892	\$79,035	\$15,099,921	\$201,990	\$0	\$0	\$0	\$0	\$42,023	\$24,982,861
Sep-08	\$10,340,182	\$91,863	\$16,217,861	\$242,579	\$0	\$0	\$0	\$0	\$42,546	\$26,935,031
Oct-08	\$9,734,062	\$83,942	\$15,127,601	\$236,871	\$0	\$0	\$0	\$0	\$45,362	\$25,227,838
Nov-08	\$9,734,062	\$83,942	\$15,127,601	\$236,871	\$0	\$0	\$0	\$0	\$45,362	\$25,227,838

HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO = PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents **incurred medical claims only** (does not include Rx) by **Coverage Level** for 2004-2007 and monthly year-to-date for 2008.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,867,130	\$142,644,785	\$104,252,355	\$391,186,940	\$8,047,520	\$751,998,730
2007	\$123,952,414	\$160,582,494	\$118,788,461	\$447,810,016	\$7,534,898	\$858,668,283
Jan-08	\$11,487,340	\$13,766,535	\$10,551,234	\$40,351,286	\$362,444	\$76,518,838
Feb-08	\$10,120,590	\$13,494,579	\$10,354,220	\$36,638,427	\$506,669	\$71,114,485
Mar-08	\$10,828,703	\$13,599,288	\$10,058,068	\$38,626,013	\$295,414	\$73,407,486
Apr-08	\$11,727,450	\$14,597,819	\$11,056,606	\$40,196,781	\$509,126	\$78,087,782
May-08	\$11,546,001	\$14,497,998	\$11,369,359	\$39,229,593	\$692,061	\$77,335,012
Jun-08	\$11,754,934	\$15,096,011	\$11,489,255	\$42,199,874	\$993,434	\$81,533,508
Jul-08	\$11,850,479	\$15,647,339	\$12,326,660	\$45,523,956	\$864,121	\$86,212,555
Aug-08	\$11,996,367	\$14,602,041	\$11,588,062	\$38,343,066	\$1,047,443	\$77,576,979
Sep-08	\$11,080,300	\$14,632,950	\$10,909,502	\$39,682,528	\$482,407	\$76,787,687
Oct-08	\$12,080,814	\$16,376,992	\$12,783,058	\$44,044,981	\$302,876	\$85,588,721
Nov-08	\$10,829,584	\$14,422,167	\$10,713,230	\$39,952,348	\$187,231	\$76,104,560

The following represents **incurred Rx claims only** (does not include medical) by **Coverage Level** for 2004-2007 and monthly and year-to-date for 2008

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,534	\$43,809,856	\$25,948,520	\$128,164,514	\$2,938,008	\$239,089,432
2007	\$42,592,105	\$49,323,020	\$29,732,882	\$141,629,466	\$1,649,068	\$264,926,542
Jan-08	\$3,935,538	\$4,410,856	\$2,781,054	\$12,939,919	\$149,533	\$24,216,899
Feb-08	\$3,836,240	\$4,371,728	\$2,858,606	\$12,498,254	\$118,171	\$23,682,999
Mar-08	\$3,912,519	\$4,476,673	\$2,855,557	\$13,054,831	\$147,091	\$24,446,670
Apr-08	\$3,832,254	\$4,247,064	\$2,798,947	\$12,598,910	\$130,310	\$23,607,486
May-08	\$3,901,377	\$4,300,437	\$2,669,229	\$12,958,951	\$134,466	\$23,964,460
Jun-08	\$3,873,125	\$4,260,815	\$2,580,839	\$12,734,832	\$128,237	\$23,577,849
Jul-08	\$4,004,642	\$4,411,717	\$2,747,776	\$13,263,942	\$161,105	\$24,589,181
Aug-08	\$3,969,121	\$4,417,137	\$2,826,862	\$13,099,357	\$138,721	\$24,451,197
Sep-08	\$4,087,875	\$4,585,706	\$2,834,270	\$13,433,164	\$127,760	\$25,068,776
Oct-08	\$4,419,984	\$4,940,841	\$3,286,910	\$14,245,324	\$85,051	\$26,978,109
Nov-08	\$4,100,581	\$4,700,764	\$3,015,921	\$13,384,463	\$45,362	\$25,247,091

*Unable to tag claims to a specific coverage level

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred from October 2007 through November 2008.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Enhanced	70.84	75.56	-6.25%	3.69	3.93	-5.94%	261.71	305.17	-14.24%
Essential	58.9	64.04	-8.02%	3.41	4.18	-18.33%	200.89	260.66	-22.93%
Premier	103.77	81.7	27.02%	4.15	4.24	-2.17%	430.92	350.4	22.98%
Select	57.78	64.11	-9.87%	3.78	3.88	-2.66%	218.32	248.52	-12.15%
Total	72.82	71.35	2.06%	3.76	4.06	-7.39%	277.96	291.19	-4.54%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Enhanced	7,819.74	7,059.39	10.77%	207.66	203.62	1.99%
Essential	3,861.42	6,360.03	-39.29%	223.7	201.33	11.11%
Premier	10,082.40	7,823.00	28.88%	250.15	201.59	24.09%
Select	5,517.08	6,193.96	-10.93%	156.63	202.31	-22.58%
Total	6,820.16	6,859.10	-2.64%	209.54	202.21	3.65%

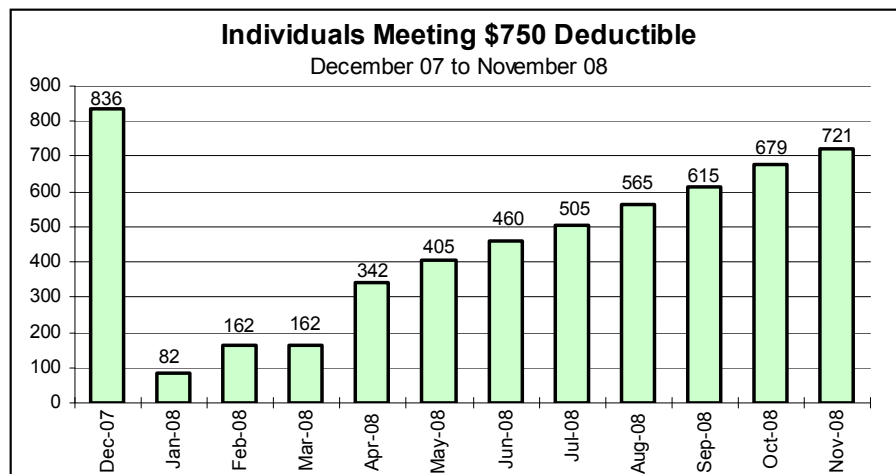
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Enhanced	7,708.45	6,128.88	25.77%	2,708.72	2,060.26	31.47%
Essential	4,774.26	5,288.92	-9.73%	1,517.19	1,705.58	-11.05%
Premier	10,739.70	7,046.25	52.42%	3,828.60	2,502.16	53.01%
Select	5,282.05	4,964.12	6.40%	1,786.99	1,569.59	13.85%
Total	7,126.12	5,857.04	18.72%	2,460.38	1,959.40	21.82%

*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

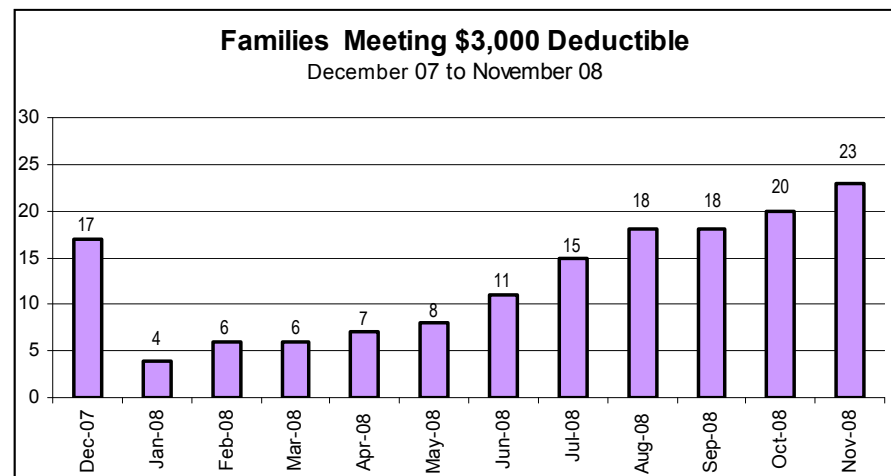
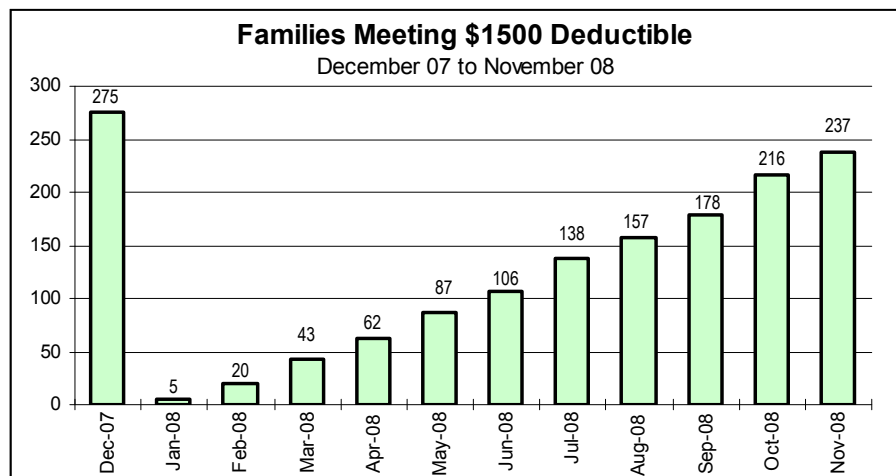
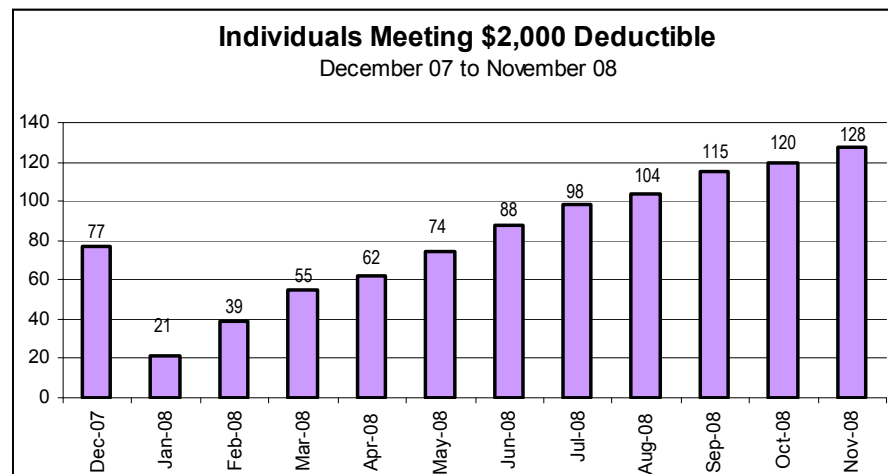
Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

Commonwealth Essential



Commonwealth Select



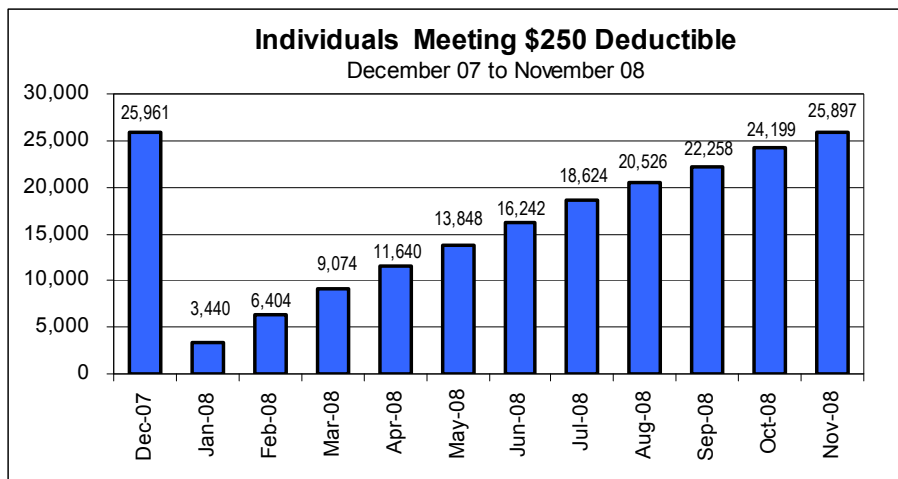
Individuals and Families in Essential Plan			
2005:	18.58%	of Individuals and	11.69% of Families met their Deductibles.
2006:	22.14%	of Individuals and	16.35% of Families met their Deductibles.
2007	22.41%	of Individuals and	17.45% of Families met their Deductibles.
In 2008:	22.50%	of Individuals and	17.49% of Families met their Deductibles.

Individuals and Families in Select Plan			
2007:	1.71%	of Individuals and	0.78% of Families met their Deductibles.
In 2008:	2.00%	of Individuals and	0.78% of Families met their Deductibles.
<i>Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.</i>			

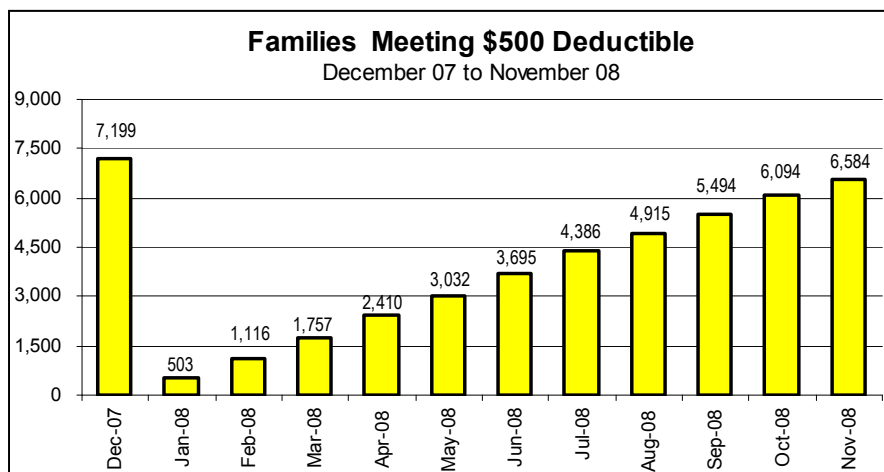
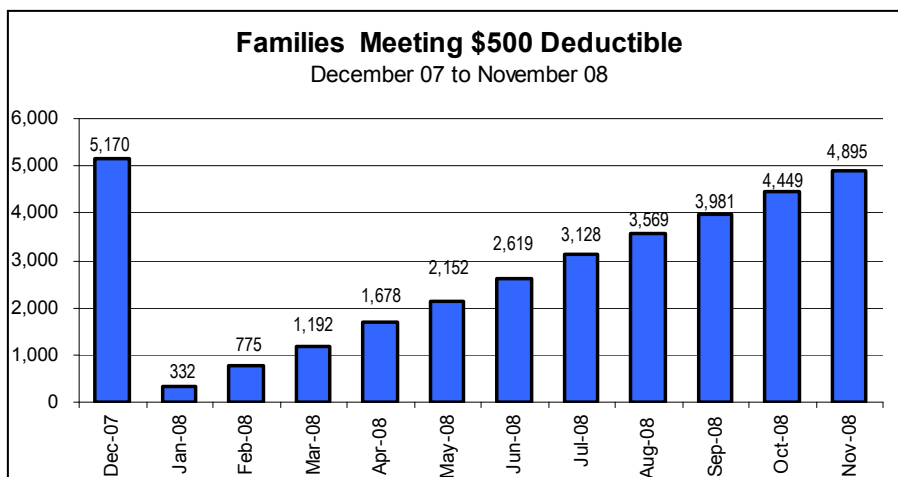
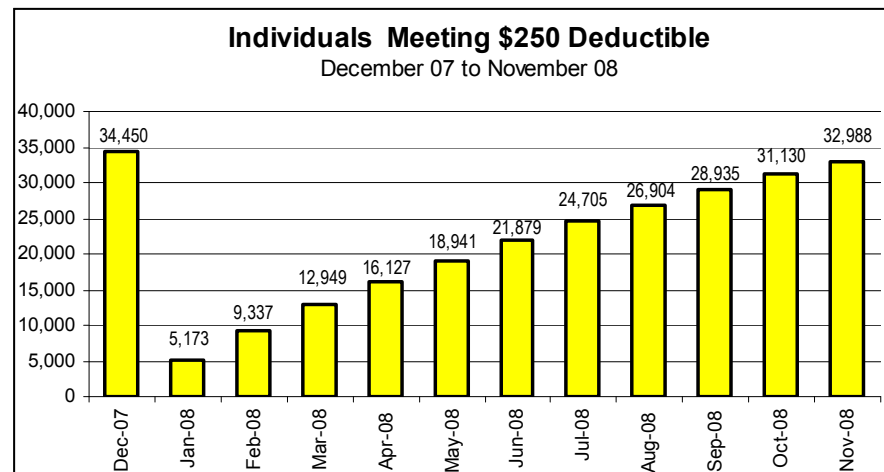
Analysis of Individuals and Families Meeting Their Deductibles (continued)

The following details the number of individuals and families by plan that met their deductible for the most recent rolling year. This report is based on incurred claims.

Commonwealth Enhanced



Commonwealth Premier



Individuals and Families In Enhanced Plan

2005:	19.36%	of Individuals and	4.59%	of Families met their Deductibles.
2006:	21.52%	of Individuals and	7.23%	of Families met their Deductibles.
2007:	21.34%	of Individuals and	6.43%	of Families met their Deductibles.
In 2008:	20.38%	of Individuals and	5.96%	of Families met their Deductibles.

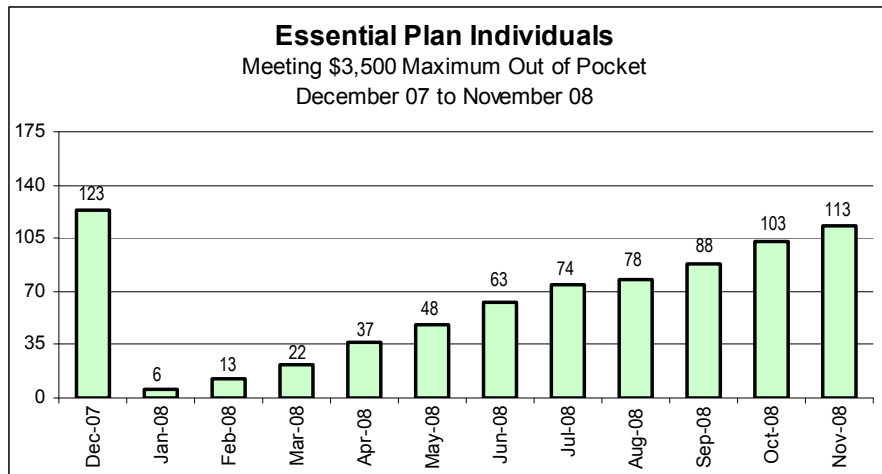
Individuals and Families In Premier Plan

2005:	27.80%	of Individuals and	6.65%	of Families met their Deductibles.
2006:	30.15%	of Individuals and	9.95%	of Families met their Deductibles.
2007:	30.04%	of Individuals and	8.89%	of Families met their Deductibles.
In 2008:	28.63%	of Individuals and	8.19%	of Families met their Deductibles.

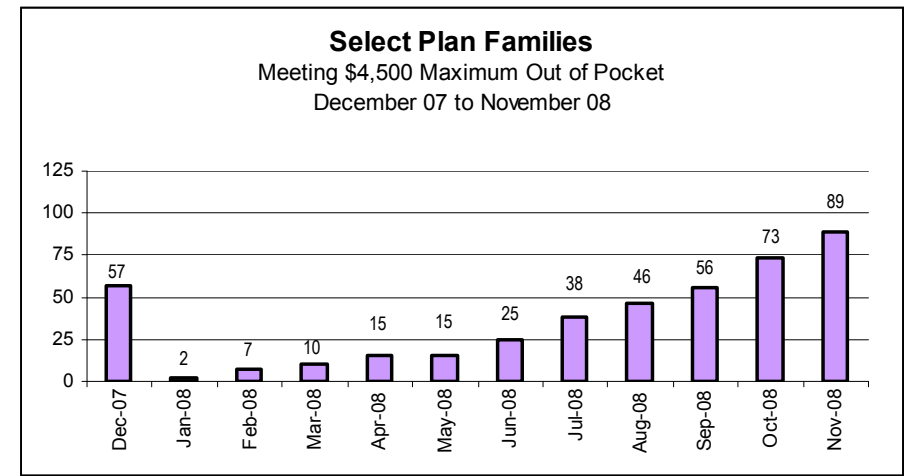
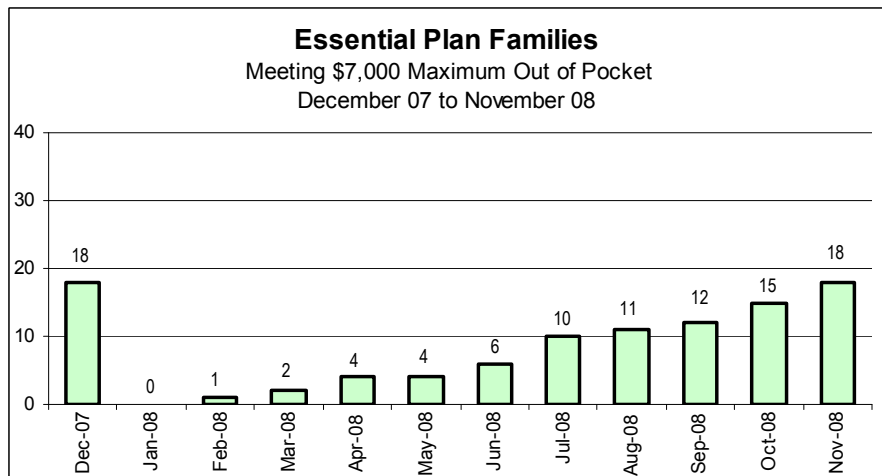
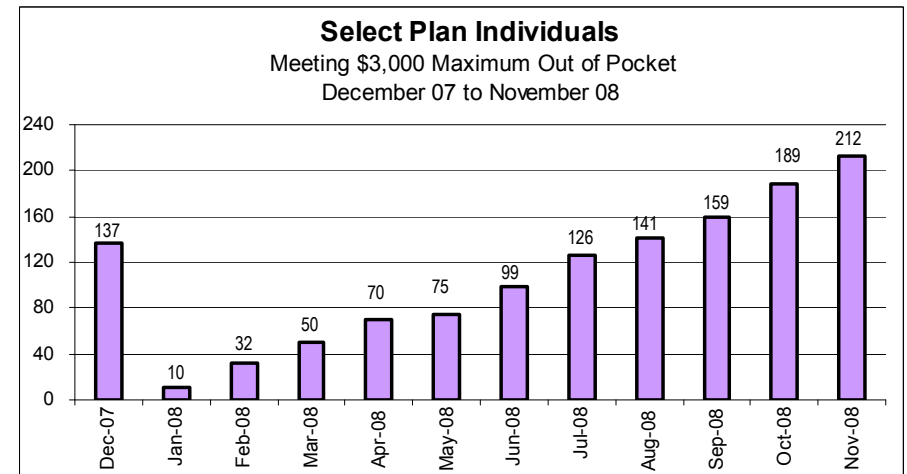
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

Commonwealth Essential



Commonwealth Select



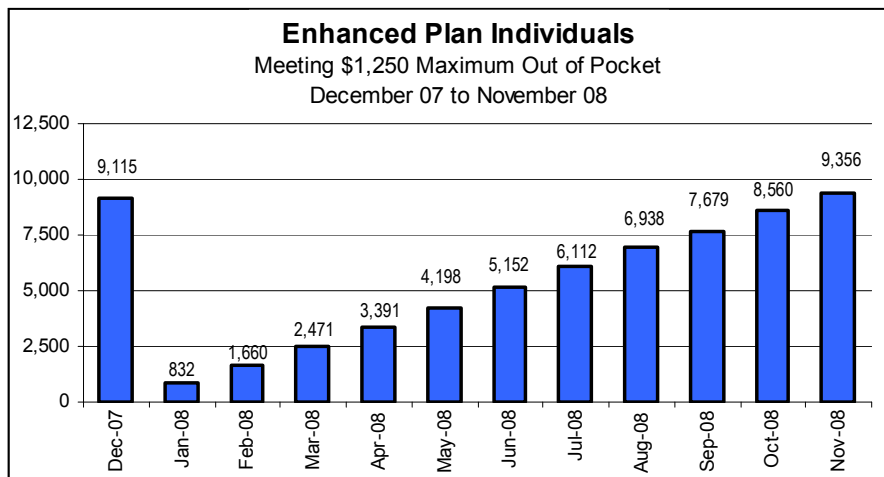
Individuals and Families in Essential Plan			
2005:	1.14%	of Individuals and	0.22% of Families met their MOPs.
2006:	2.96%	of Individuals and	1.08% of Families met their MOPs.
2007:	3.30%	of Individuals and	1.14% of Families met their MOPs.
In 2008:	3.53%	of Individuals and	1.33% of Families met their MOPs.

Individuals and Families in Select Plan			
2007:	3.03%	of Individuals and	2.61% of Families met their MOPs.
In 2008:	3.31%	of Individuals and	3.03% of Families met their MOPs.
Note: For the Select Plan only, prescription drug coinsurance amounts are included in MOP totals.			

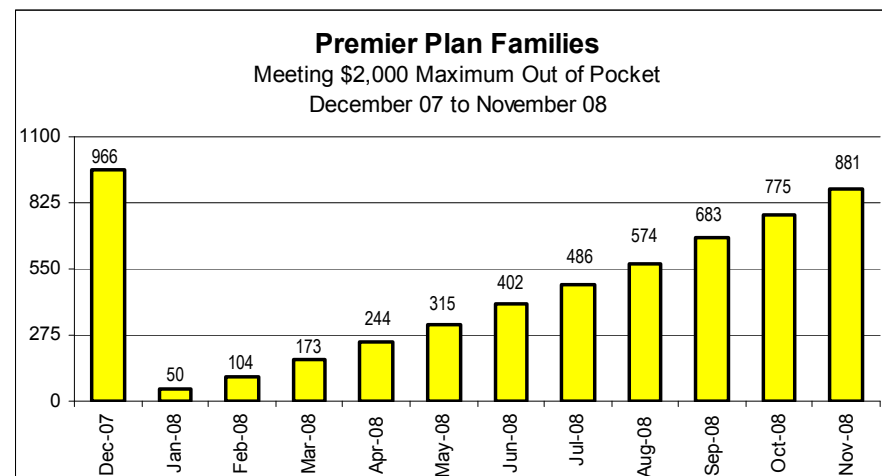
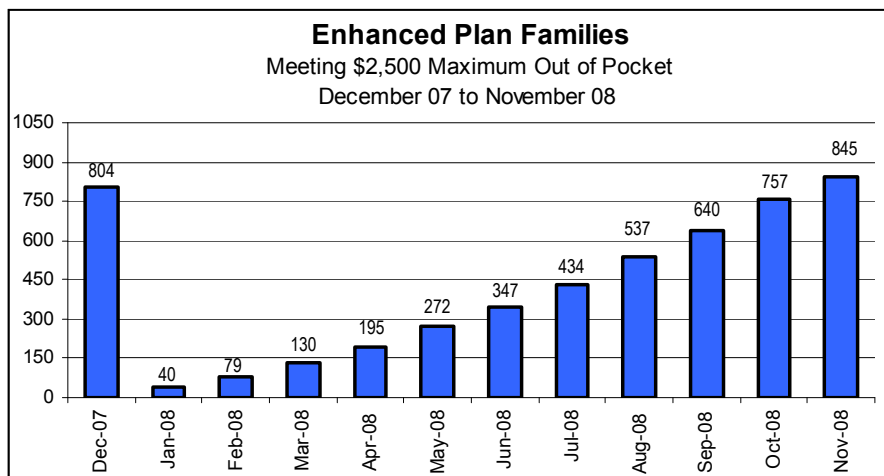
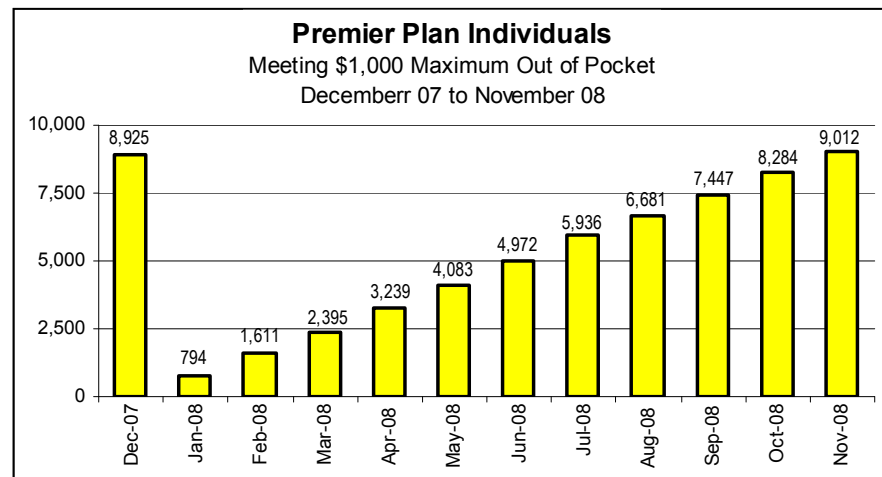
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket expenses for the most recent rolling year. This report is based on incurred claims.

Commonwealth Enhanced



Commonwealth Premier



Individuals and Families In Enhanced Plan			
2005:	3.34%	of Individuals and	0.31% of Families met their MOPs.
2006:	5.80%	of Individuals and	0.94% of Families met their MOPs.
2007:	7.50%	of Individuals and	1.00% of Families met their MOPs.
In 2008:	7.36%	of Individuals and	1.03% of Families met their MOPs.

Individuals and Families In Premier Plan			
2005:	3.38%	of Individuals and	0.53% of Families met their MOPs.
2006:	6.70%	of Individuals and	1.17% of Families met their MOPs.
2007:	7.78%	of Individuals and	1.19% of Families met their MOPs.
In 2008:	7.82%	of Individuals and	1.10% of Families met their MOPs.

Premium (or Premium Equivalent)

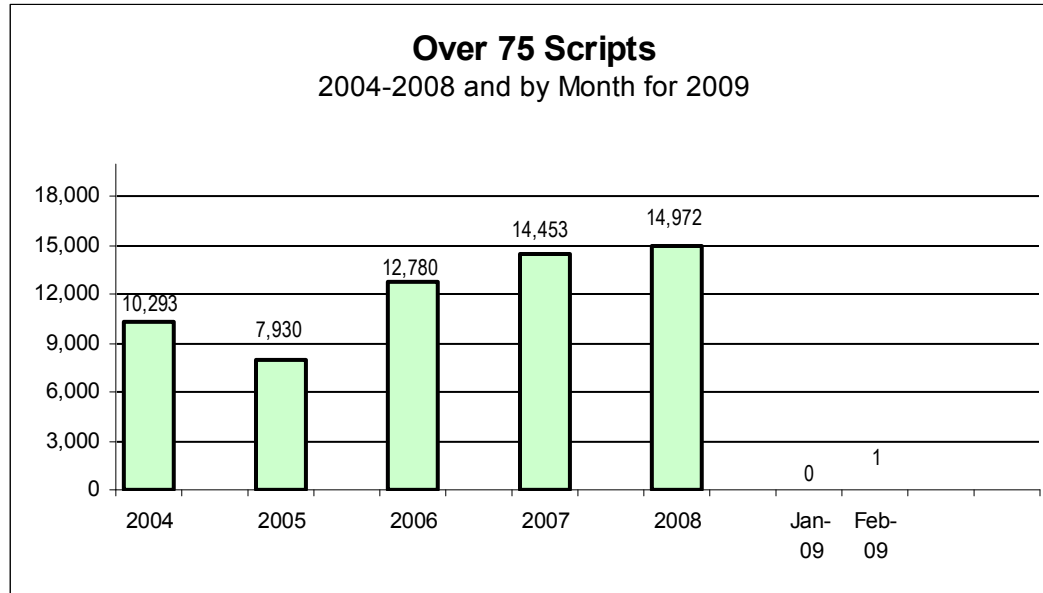
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2004-2008 and monthly through 2009.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2004	\$213,004,714	\$492,025,888	\$705,030,602
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,098,696	\$1,039,574,462	\$1,218,673,158
Jan-09	\$17,457,936	\$98,754,828	\$116,212,764
Feb-09	\$17,487,416	\$98,822,674	\$116,310,090

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2008 and by month for 2009. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$40 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2008:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	111,932	688,532	4.66	\$56.96	\$39,219,062.23
over 75	1	132	66.00	\$101.04	\$13,337.26
Total	111,933	688,664	4.66	\$56.97	\$39,232,399.49

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Mar-08	257,918	18,029	121,661	9,936	407,544	63.29%	93.47%
Apr-08	308,246	22,173	144,192	12,254	486,865	63.31%	93.29%
May-08	238,660	17,162	110,781	8,841	375,444	63.57%	93.29%
Jun-08	249,260	18,512	116,349	9,395	393,516	63.34%	93.09%
Jul-08	295,410	22,358	136,098	11,396	465,262	63.49%	92.96%
Aug-08	237,687	17,092	109,759	9,668	374,206	63.52%	93.29%
Sep-08	307,694	21,838	140,468	12,826	482,826	63.73%	93.37%
Oct-08	250,623	16,176	113,160	10,843	390,802	64.13%	93.94%
Nov-08	262,869	16,907	117,154	11,722	408,652	64.33%	93.96%
Dec-08	317,969	20,681	140,807	14,733	494,190	64.34%	93.89%
Jan-09	256,121	16,599	107,931	13,483	394,134	64.98%	93.91%
Feb-09	255,511	16,826	105,161	12,374	389,872	65.54%	93.82%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization

The following details the number of members and patients **utilizing prescription benefits** and the associated costs for the most recent rolling year. Based on Incurred Claims.

Month	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Dec-07	249,079	158,561	430,602	1.72	3.12	\$64.15	\$54.48	\$16.54	\$25.99
Jan-08	250,257	162,766	440,224	1.75	3.15	\$65.20	\$54.78	\$17.51	\$26.92
Feb-08	250,321	164,952	437,192	1.74	3.06	\$64.11	\$53.99	\$16.94	\$25.71
Mar-08	250,753	163,836	441,814	1.76	3.12	\$65.11	\$55.11	\$16.99	\$26.00
Apr-08	250,726	159,922	417,352	1.66	3.06	\$66.29	\$56.36	\$16.08	\$25.21
May-08	250,638	159,585	425,388	1.69	3.12	\$65.98	\$56.12	\$16.36	\$25.69
Jun-08	251,013	157,902	407,665	1.61	3.07	\$67.44	\$57.63	\$15.62	\$24.84
Jul-08	250,723	160,250	415,763	1.65	3.13	\$68.61	\$58.88	\$15.86	\$24.82
Aug-08	247,839	158,110	408,286	1.64	3.07	\$69.28	\$59.66	\$15.61	\$24.47
Sep-08	248,988	159,035	419,032	1.67	3.10	\$69.12	\$59.62	\$15.76	\$24.68
Oct-08	253,082	166,672	436,865	1.72	3.16	\$71.07	\$61.66	\$16.02	\$24.32
Nov-08	253,585	162,969	415,249	1.63	3.03	\$70.11	\$60.80	\$15.03	\$23.38

**"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Rx claims incurred January through November 2008

Rank	Prev Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single Source Brand	Gastrointestinal Drugs	\$8,237,321	3.06%	43,713	\$4.66	6,981
2	2	SINGULAIR	Single Source Brand	Unclassified Agents	\$6,121,581	2.28%	60,168	\$2.73	12,311
3	3	CRESTOR	Single Source Brand	Cardiovascular Agents	\$5,204,488	1.94%	2,385	\$56.83	399
4	4	ENBREL	Single Source Brand	Unclassified Agents	\$5,058,730	1.88%	26,930	\$4.87	4,427
5	5	EFFEXOR-XR	Single Source Brand	Central Nervous System	\$4,964,578	1.85%	49,720	\$2.49	8,206
6	6	PREVACID	Single Source Brand	Gastrointestinal Drugs	\$4,927,318	1.83%	31,044	\$4.09	4,910
7	7	TOPAMAX	Single Source Brand	Central Nervous System	\$4,889,152	1.82%	45,572	\$2.44	7,569
8	8	PLAVIX	Single Source Brand	Blood Form/Coagul Agents	\$4,211,986	1.57%	16,158	\$7.26	3,084
9	9	HUMIRA	Single Source Brand	Immunosuppressants	\$4,060,266	1.51%	18,387	\$4.95	3,175
10	10	CYMBALTA	Single Source Brand	Central Nervous System	\$4,022,600	1.50%	24,852	\$3.63	4,028
11	11	ACTOS	Single Source Brand	Hormones & Synthetic Subst	\$3,773,624	1.40%	1,533	\$54.94	272
12	12	VYTORIN	Single Source Brand	Cardiovascular Agents	\$3,463,887	1.29%	22,423	\$3.94	4,103
13	13	PANTOPRAZOLE SODIUM	Single Source Brand	Gastrointestinal Drugs	\$3,239,364	1.20%	38,121	\$2.21	6,754
14	14	LIPITOR	Single Source Brand	Cardiovascular Agents	\$3,085,468	1.15%	22,000	\$3.28	3,682
15	15	LEXAPRO	Single Source Brand	Central Nervous System	\$2,981,299	1.11%	61,533	\$1.22	18,061
16	16	TRICOR	Single Source Brand	Cardiovascular Agents	\$2,815,719	1.05%	24,094	\$2.72	4,019
17	17	LEVAQUIN	Single Source Brand	Anti-Infective Agents	\$2,518,127	0.94%	26,225	\$2.34	4,642
18	18	VALTREX	Single Source Brand	Anti-Infective Agents	\$2,423,564	0.90%	22,991	\$2.55	4,026
19	19	COPAXONE	Single Source Brand	Unclassified Agents	\$2,262,009	0.84%	13,564	\$4.39	2,584
20	20	CELEBREX	Single Source Brand	Central Nervous System	\$2,239,620	0.83%	21,655	\$10.85	16,042
21	21	IMITREX	Single Source Brand	Autonomic Drugs	\$2,178,374	0.81%	8,586	\$7.20	1,433
22	22	ADVAIR DISKUS 250/50	Single Source Brand	Hormones & Synthetic Subst	\$2,131,087	0.79%	11,228	\$5.29	3,442
23	23	OMEPRAZOLE	Single Source Brand	Gastrointestinal Drugs	\$2,120,241	0.79%	10,117	\$13.40	2,808
24	24	ZETIA	Single Source Brand	Cardiovascular Agents	\$1,948,120	0.72%	14,569	\$3.65	2,925
25	25	LYRICA	Single Source Brand	Central Nervous System	\$1,927,850	0.72%	48,834	\$1.22	13,168

“Product Name” includes all strengths/formulations of a drug

Prescription Drug Utilization

In summary, the top 25 drugs represent 13.85% of total scripts and 33.76% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$90,806,372	646,206	21,915,517
All Product Names	\$268,963,230	4,664,830	134,569,057
Top Drugs as Pct of All Drugs	33.76%	13.85%	16.29%

Utilization

The top 25 clinical conditions based on incurred claims for January through October 2008.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$55,522,037	\$8,813,157	\$46,349,017	2.78	8.5	387.14	13.26	77,714	\$714.44
2	2	Prevent/Admin Hlth Encounters	\$45,359,746	\$502,692	\$44,777,519	0.06	6.07	780.35	1.14	143,205	\$316.75
3	3	Respiratory Disord, NEC	\$37,350,858	\$9,104,501	\$28,215,935	2.57	2.82	123.11	18.12	29,577	\$1,262.83
4	4	Coronary Artery Disease	\$35,272,207	\$21,841,467	\$13,425,451	4.56	3.44	66.58	2.5	8,565	\$4,118.18
5	5	Gastroint Disord, NEC	\$33,976,685	\$6,651,942	\$27,308,911	2.21	4.14	160.36	17.69	35,061	\$969.07
6	6	Spinal/Back Disorders, NEC	\$32,268,632	\$7,261,247	\$24,998,529	1.33	2.6	697.14	5.05	34,249	\$942.18
7	7	Osteoarthritis	\$30,111,391	\$18,770,876	\$11,298,653	3.82	3.1	201.78	0.43	19,071	\$1,578.91
8	8	Arthropathies/Joint Disord NEC	\$28,698,015	\$2,171,057	\$26,461,053	0.56	3.26	799.97	6.79	58,367	\$491.68
9	9	Pregnancy w Vaginal Delivery	\$16,608,234	\$16,528,123	\$80,110	6.47	2.44	0.4	0.02	2,604	\$6,377.97
10	10	Cancer - Breast	\$14,662,698	\$693,722	\$13,962,015	0.39	3.32	48.76	0.03	2,501	\$5,862.73
11	11	Renal Function Failure	\$14,484,015	\$2,002,139	\$12,248,566	0.48	4.89	15.24	0.43	2,024	\$7,156.13
12	12	Infections - ENT Ex Otitis Med	\$14,420,127	\$465,520	\$13,950,543	0.42	2.43	601.6	9.38	87,115	\$165.53
13	13	Chemotherapy Encounters	\$13,461,115	\$1,713,008	\$11,747,697	0.34	5.68	1.63	0.03	428	\$31,451.20
14	14	Condition Rel to Tx - Med/Surg	\$12,995,609	\$9,153,358	\$3,823,799	2.33	5.61	8.29	2.1	3,008	\$4,320.35
15	16	Newborns, w/wo Complication	\$12,525,449	\$11,962,272	\$563,177	9.87	3.39	5.03	0.12	2,938	\$4,263.26
16	15	Cholecystitis/Cholelithiasis	\$12,497,817	\$2,986,406	\$9,511,411	1.29	3.41	7.73	1.45	2,629	\$4,753.83
17	17	Infec/Inflam - Skin/Subcu Tiss	\$11,697,529	\$2,849,688	\$8,816,928	1.41	4.14	277.59	5.67	43,737	\$267.45
18	19	ENT Disorders, NEC	\$10,707,664	\$188,866	\$10,517,230	0.1	3	695.83	2.89	37,900	\$282.52
19	18	Hernia/Reflux Esophagitis	\$10,561,103	\$2,557,565	\$8,002,830	0.81	3.98	54.29	1.28	12,245	\$862.48
20	20	Gynecological Disord, NEC	\$10,271,489	\$1,313,499	\$8,957,904	0.64	2.23	82.54	1.45	19,813	\$518.42
21	21	Hypertension, Essential	\$10,061,376	\$1,488,908	\$8,562,569	0.48	3.42	322.26	1.72	46,691	\$215.49
22	22	Urinary Tract Calculus	\$9,726,875	\$1,504,109	\$8,222,651	0.93	2.36	17.3	4.76	3,189	\$3,050.13
23	23	Nutritional Disorders, NEC	\$9,501,508	\$1,257,752	\$8,237,710	0.84	2.87	203.66	1.81	43,559	\$218.13
24	24	Diabetes	\$9,210,840	\$1,612,323	\$7,562,959	0.88	4.55	211.77	1.29	21,463	\$429.15
25	25	Cardiac Arrhythmias	\$9,107,640	\$4,113,853	\$4,979,187	1.31	2.67	42.98	2.13	5,559	\$1,638.36

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.45% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$501,060,656	\$137,508,049	\$362,582,353	46.87	3.65	5,813.34	101.55
All Clinical Conditions	\$857,282,281	\$245,027,926	\$610,466,297	87.69	3.93	8,761.10	226.49
Top Clinical Conditions as Pct of All Clinical Conditions	58.45%	56.12%	59.39%	53.44%	92.78%	66.35%	44.84%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January through November 2008.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	3,254,502	20.8	84.09%	93.19%	96.03%
Commonwealth Essential	47,182	27.3	77.42%	89.35%	93.29%
Commonwealth Premiere	4,116,539	21.4	83.53%	92.88%	95.88%
Commonwealth Select	113,845	21.7	83.08%	92.29%	95.50%
~Missing	16,152	46.4	52.93%	73.52%	86.62%
All Plans	7,552,420	21.3	83.64%	92.92%	95.90%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Month Incurred	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08
Dec-07	\$2,779,483.68	\$1,410,738.09	\$101,498.97	\$377,616.42	\$348,120.59	\$306,797.21
Jan-08	\$5,869,336.00	\$2,260,928.96	\$1,053,084.50	\$674,710.52	\$158,255.05	\$303,703.87
Feb-08	\$34,221,770.99	\$5,174,399.12	\$2,069,306.24	\$1,129,163.38	\$563,202.62	\$238,299.74
Mar-08	\$50,856,281.80	\$36,974,602.18	\$5,746,405.57	\$1,908,114.28	\$1,304,223.65	\$387,928.65
Apr-08	N/A	\$54,117,865.92	\$36,554,468.18	\$6,077,510.27	\$2,600,917.18	\$930,782.15
May-08	N/A	N/A	\$51,094,793.80	\$36,953,948.94	\$6,894,473.55	\$2,864,931.85
Jun-08	N/A	N/A	N/A	\$51,084,547.89	\$41,785,913.00	\$6,699,728.82
Jul-08	N/A	N/A	N/A	N/A	\$56,414,161.41	\$42,449,768.46
Aug-08	N/A	N/A	N/A	N/A	N/A	\$52,905,770.31
Sep-08	N/A	N/A	N/A	N/A	N/A	N/A
Oct-08	N/A	N/A	N/A	N/A	N/A	N/A
Nov-08	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Month Incurred	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09
Dec-07	\$133,660.61	(\$4,936.09)	\$66,443.95	(\$20,559.05)	(\$47,593.80)	\$16,887.31
Jan-08	\$177,295.54	(\$4,413.28)	\$92,343.88	\$41,220.74	(\$26,940.02)	\$22,074.40
Feb-08	\$171,445.65	\$64,492.50	\$94,002.06	\$89,922.99	(\$925.08)	\$46,065.75
Mar-08	\$194,076.38	\$53,268.21	\$164,396.01	(\$53,849.97)	(\$7,941.31)	\$68,052.55
Apr-08	\$286,852.96	\$414,762.68	\$174,008.43	\$220,586.72	(\$2,769.73)	(\$18,966.51)
May-08	\$1,809,996.85	\$233,856.60	\$580,790.25	\$234,693.90	\$64,302.70	\$144,112.35
Jun-08	\$2,511,523.95	\$1,211,166.22	\$592,141.04	\$253,084.96	\$89,764.28	\$305,887.73
Jul-08	\$7,010,458.66	\$2,132,261.09	\$1,126,985.45	\$465,777.06	\$257,498.23	\$400,792.61
Aug-08	\$37,520,761.76	\$6,344,306.42	\$2,487,535.61	\$777,896.52	\$919,886.90	\$375,143.91
Sep-08	\$54,044,948.94	\$36,484,852.22	\$5,970,837.05	\$3,405,695.43	\$1,091,298.33	\$510,353.49
Oct-08	N/A	\$59,681,478.23	\$39,229,728.34	\$9,039,116.09	\$2,707,894.14	\$1,866,107.50
Nov-08	N/A	N/A	\$51,621,918.61	\$37,151,927.98	\$9,187,402.01	\$3,390,401.92

Claims Distribution Based on Age/Gender

The following is based on claims incurred January through November 2008.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,506.8	\$10,948,490.64	\$7,266.05	1,563.9	\$14,134,121.75	\$9,037.74
Ages 1-4	5,066.0	\$6,763,874.59	\$1,335.15	5,337.0	\$8,965,965.81	\$1,679.96
Ages 5-9	6,825.2	\$6,933,642.19	\$1,015.89	7,041.6	\$10,333,816.16	\$1,467.54
Ages 10-14	7,431.6	\$11,879,022.42	\$1,598.45	7,782.0	\$12,123,183.96	\$1,557.85
Ages 15-17	4,960.1	\$9,977,689.83	\$2,011.59	5,368.8	\$9,703,160.41	\$1,807.32
Ages 18-19	3,327.5	\$6,792,342.25	\$2,041.27	3,436.3	\$5,425,449.64	\$1,578.86
Ages 20-24	7,046.8	\$17,214,976.62	\$2,442.95	5,672.3	\$8,631,735.51	\$1,521.73
Ages 25-29	8,782.8	\$31,012,132.19	\$3,531.01	4,313.9	\$7,742,015.23	\$1,794.67
Ages 30-34	9,395.9	\$38,511,391.10	\$4,098.74	5,152.1	\$11,506,487.89	\$2,233.36
Ages 35-39	11,465.0	\$46,438,197.68	\$4,050.43	5,990.6	\$16,403,071.44	\$2,738.13
Ages 40-44	12,355.9	\$56,377,148.49	\$4,562.77	6,743.3	\$23,287,571.72	\$3,453.44
Ages 45-49	15,078.3	\$78,049,258.89	\$5,176.26	8,143.6	\$37,039,559.50	\$4,548.30
Ages 50-54	18,332.6	\$112,163,491.03	\$6,118.25	10,676.0	\$60,844,661.32	\$5,699.20
Ages 55-59	20,402.9	\$135,975,676.04	\$6,664.53	12,946.1	\$86,987,768.68	\$6,719.23
Ages 60-64	15,827.8	\$127,008,211.28	\$8,024.38	10,778.5	\$88,355,846.92	\$8,197.42
Ages 65-74	1,804.5	\$14,921,436.86	\$8,269.01	1,351.1	\$13,794,112.78	\$10,209.54

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005, 2006, 2007 and 2008.

Allowed Amount	2005	2006	2007	2008
less than 0.00	63	9	6	16
\$0.00 - \$499.99	52,389	54,060	53,879	56,304
\$500.00 - \$999.99	30,124	32,929	33,816	35,094
\$1,000.00 - \$1,999.99	35,560	40,357	42,446	42,860
\$2,000.00 - \$4,999.99	46,124	54,432	56,810	57,169
\$5,000.00 - \$9,999.99	24,267	30,374	32,268	31,659
\$10,000.00 - \$14,999.99	8,241	10,607	11,972	11,903
\$15,000.00 - \$19,999.99	3,653	4,726	5,463	5,578
\$20,000.00 - \$29,999.99	3,127	4,284	5,067	5,172
\$30,000.00 - \$49,999.99	2,063	2,843	3,276	3,304
\$50,000.00 - \$74,999.99	842	1,092	1,306	1,289
\$75,000.00 - \$99,999.99	360	464	532	516
\$100,000.00 - \$149,999.99	265	354	406	428
\$150,000.00 - \$199,999.99	103	117	162	162
\$200,000.00 - \$249,999.99	46	61	81	75
over \$249,999.99	63	97	127	131
Total	207,290	236,806	247,617	251,660

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid	Scripts Rx
Dec 2007	249,079	\$95,095,990.12	\$71,635,598.43	\$23,460,391.69	712,995	275,157	430,602
Jan 2008	250,257	\$100,448,460.20	\$76,331,521.02	\$24,116,939.18	769,791	321,663	440,224
Feb 2008	250,321	\$94,462,851.01	\$70,858,753.27	\$23,604,097.74	749,484	304,863	437,192
Mar 2008	250,753	\$97,595,558.00	\$73,246,680.97	\$24,348,877.03	757,879	308,470	441,814
Apr 2008	250,726	\$101,356,018.25	\$77,835,606.91	\$23,520,411.34	733,654	309,017	417,352
May 2008	250,638	\$100,875,900.79	\$77,001,441.18	\$23,874,459.61	729,824	296,819	425,388
Jun 2008	251,013	\$104,533,757.89	\$81,041,561.20	\$23,492,196.69	721,013	305,996	407,665
Jul 2008	250,723	\$110,257,702.97	\$85,775,783.45	\$24,481,919.52	750,509	326,943	415,763
Aug 2008	247,839	\$101,331,301.43	\$76,972,706.17	\$24,358,595.26	709,336	293,013	408,286
Sep 2008	248,988	\$101,507,985.46	\$76,524,946.09	\$24,983,039.37	725,430	298,273	419,032
Oct 2008	253,082	\$112,524,324.30	\$85,588,720.62	\$26,935,603.68	785,044	339,584	436,865
Nov 2008	253,585	\$101,351,650.52	\$76,104,559.81	\$25,247,090.71	717,461	294,335	415,249

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Dec 2006 - Nov 2007	243,763	1,110,919,448	\$849,202,832	\$261,716,616
Dec 2007 - Nov 2008	251,728	1,229,848,674	\$937,397,670	\$292,451,004
% Change (Roll Yrs)	3.30%	10.70%	10.40%	11.70%